

Managing Chronic Pain May Protect Against Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Over 20% of the U.S. adult population lives with chronic pain and over 7% live with high-impact chronic pain.¹ Veterans are at greater risk for chronic pain than the general population.² As many as 50% of Veterans within the Veterans Health Administration (VHA) experience chronic pain^{3,4,5} with similar rates found among men and women.⁶ People with chronic pain may be at increased risk for suicidal ideation and behavior.^{7,8} With proper pain management, clinicians may be able to lower Veterans' suicide risk and help them improve their overall quality of life.

Key Findings

Chronic Pain and Suicide Risk

- Lifetime prevalence of suicidal ideation in people with chronic pain is about 20%, and between 5% and 15% for suicide attempts.^{7,8} About 9% of Americans who died by suicide had chronic pain.⁹ People with moderate or severe pain are three times more likely to have suicidal ideation¹⁰ and two-to-three times more likely to die by suicide than people without pain.¹¹
- The following factors may increase suicide risk: frequent pain episodes; longer pain duration; chronic pain-related conditions; pain-related sleep problems; comorbid medical or mental health conditions; poorer perceived mental health; and higher levels of pain-related catastrophizing.^{7,8,12}

Chronic Pain and Comorbid Conditions

- People with chronic pain who die by suicide often have a comorbid medical or mental health condition.^{8,9} A retrospective analysis found that, among suicide decedents with chronic pain, over 54% had at least one chronic medical condition and over 51% had a mental health disorder.⁹ Veteran pain management may be uniquely challenging as they are more likely than civilians to suffer from limb loss, musculoskeletal injuries, and the polytrauma clinical triad.¹³

- Between 10% and 46% of Veterans and active duty service members with chronic pain have a depressive disorder and 66% of Veterans receiving treatment for posttraumatic stress disorder (PTSD) have a chronic pain condition.¹⁴ Suicidal ideation among Veterans is associated with PTSD and the interference of pain in daily activities and function.⁵ A study of over 4.8 million Veterans found that migraine, back, and psychogenic pain were associated with increased suicide risk, after controlling for age, gender, and mental health conditions.¹⁵

Chronic Pain and Opioid Use

- In the U.S. between 2015-2018, 5.7% of adults used at least one prescription opioid for pain.¹⁶ In 2018, 69.5% of all drug overdose deaths were caused by opioids.¹⁷ Of those drug overdose deaths, 87.4% were labeled as unintentional deaths and 7.2% were considered suicides.¹⁸
- Higher dose opioid prescriptions (≥ 100 milligrams) doubled suicide risk for Veterans.¹⁹ Veterans receiving prescription medications for pain increased from 17% to 24% between 2001-2009.²⁰ However, VA reduced the percentage of Veterans receiving opioid prescriptions within VHA by 64% (2020).²¹
- Increasing opioid dose does not improve pain symptoms.^{22,23} Yet, patients taking opioids for chronic pain often have their doses increased over time due to tolerance or lack of pain relief.²⁴ Opioid dose changes are associated with increased suicide and overdose risk.^{25,26}

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Individuals unable to tolerate and manage their pain are more likely to experience increased pain intensity and psychological distress.^{8,12}

- A study of VHA patients prescribed opioid analgesics found that opioid initiation and discontinuation were risk periods for suicide and overdose.²⁶ And the greater length of time a Veteran received opioids, the greater the risk for suicide or overdose.²⁶

Nonpharmacologic Treatments for Chronic Pain

- Nonpharmacological treatments may reduce risk for accidental overdose, substance use disorders, and suicidal thoughts and behaviors. A study of Veterans diagnosed with chronic pain found that nonpharmacological treatments resulted in 17% fewer self-inflicted injuries and 12% fewer cases of suicidal ideation.²⁷

- VA's Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) has been shown to improve overall quality of life and reduce pain intensity, pain interference in daily life, and pain catastrophizing,²⁸ which is associated with greater suicide risk as it increases depression.¹² Brief CBT-CP in primary care settings has also shown promise for improving pain-related outcomes.²⁹

Pain Management Programs for Chronic Pain

- Pain management programs may reduce suicide risk in patients with chronic pain. A trial of a four-week educational pain management program found that, of those who reported suicidal ideation at baseline, over half no longer had suicidal ideation post-intervention.³⁰ In a trial that tested a behavioral activation intervention in Veterans with chronic pain and PTSD, patients reported improved PTSD symptoms, pain severity, pain interference, and quality of life post-treatment.³¹

Implications

People with chronic pain are overrepresented in the Veteran population and are at increased risk for suicide. Addressing chronic pain with Veterans is important due to its link with mental health conditions and suicidal behavior. Treatment of chronic pain and any mental health conditions can improve health outcomes and reduce or eliminate suicidal ideation and behavior. Improving pain management and functioning among patients with chronic pain is critical for reducing Veteran suicides.

Ways You Can Help

- Familiarize yourself with the Biopsychosocial Model and the VA Stepped Care Model for Pain Care. Providing whole person pain care requires a team approach. Visit <https://www.va.gov/PAINMANAGEMENT/Providers/IntegratedTeambasedPainCare.asp> for more information.
- Screen patients with chronic pain for suicidal ideation and behaviors and refer for treatment as needed.
- Develop a safety plan for situations that reveal evidence of suicidal intent or behavior. For a Safety Plan Quick Guide, visit www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf
- VA offers CBT-CP as an effective treatment for reducing the negative impacts of chronic pain on Veterans' lives. For a clinician manual, fact sheet, and more, visit https://www.va.gov/PAINMANAGEMENT/CBT_CP/Providers.asp
- Opioid therapy is not recommended in Veterans with acute suicide attempt risk or psychiatric instability unless closely monitored; offer patients safer drug and nondrug pain treatments and provide frequent follow-up; discontinue opioids among high-risk patients as appropriate* (see VA's Opioid Taper Decision Tool at https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Clinical_Tools.asp) ***Discontinuing without proper safeguards can increase suicide risk.** Provide support, treatment, and wraparound services during transition periods of starting or stopping prescription opioid therapy for pain.



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- U.S. Department of Defense and VA opioid therapy guidelines regarding drug screening, available at www.healthquality.va.gov/guidelines/Pain/cot.
- Veterans and family members about opioid overdose risk and offer a naloxone kit for opioid overdose death prevention. VHA patients at-risk for opioid overdose are eligible for free naloxone and naloxone training. More information is available at: www.pbm.va.gov/PBM/academicdetailingservice/Opioid_Overdose_Education_and_Naloxone_Distribution.asp
- Familiarize yourself with VA Whole Health resources and share them with Veterans <https://www.va.gov/patientcenteredcare/explore/about-whole-health.asp>
- Provide Veterans Crisis Line information: 1-800-273-8255, press 1 or <https://www.veteranscrisisline.net/>.
- Visit VHA TRAIN (<https://www.train.org/vha/welcome>) for free continuing medical education courses, including courses on chronic pain and pain management.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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